

104839023

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS:		
FOI:	NUMBER OF FOI	NUMBER OF EXTRA
TOTAL CHARGEABLE CLAIMS:	NUMBER 20	
INDEPENDENT CLAIMS:	NUMBER 3	
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY OR ☐

RATE	FEE
BASIC FEE	375.00
X9=	
X12=	
X140=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
X9=	
X12=	
X140=	
TOTAL	

9/9/05 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Same		
Independent	Same		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

SMALL ENTITY OR ☐

OTHER THAN SMALL ENTITY OR ☐

RATE	ADDITIONAL FEE
X9=	
X12=	
X140=	
TOTAL	

RATE	ADDITIONAL FEE
X9=	
X12=	
X140=	
TOTAL	

1-17-06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	29	30	
Independent	3	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

RATE	ADDITIONAL FEE
X9=	
X12=	
X140=	
TOTAL	

RATE	ADDITIONAL FEE
X9=	
X12=	
X140=	
TOTAL	

6/13/06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	30	30	
Independent	3	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

RATE	ADDITIONAL FEE
X9=	
X12=	
X140=	
TOTAL	

RATE	ADDITIONAL FEE
X9=	
X12=	
X140=	
TOTAL	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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